



Underwritten by:  
Unum Life Insurance Company of America

**SHORT TERM & LONG TERM DISABILITY  
INCOME PROTECTION INSURANCE  
ENROLLMENT FORM**

for

**MTA Benefits, Inc.**  
**Policy#: 570975**



**BENEFIT  
COUNSELOR: \_\_\_\_\_**

Eff Date: \_\_\_\_\_

Monthly Cost: LTD \_\_\_\_\_ STD \_\_\_\_\_

For internal use

Member Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

Date of MTA Membership: \_\_\_ / \_\_\_ / \_\_\_\_\_

MTA Membership Number: \_\_\_\_\_

School District/Name: \_\_\_\_\_

Payroll Frequency \_\_\_\_\_ (10, 12, 24, 26, 52)

Date of Hire: \_\_\_ / \_\_\_ / \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Gender: \_\_\_ Male \_\_\_ Female

Work Phone: (\_\_\_\_) \_\_\_\_\_

Annual Earnings: \$ \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Hours Worked per Week: \_\_\_\_\_

***You may choose from two Income Protection Plans: Short Term Disability and/or Long Term Disability.  
Please check the option(s) you wish to choose:***

STD: 60% of your weekly salary to a maximum weekly benefit of \$1,750

- 14 Day Elimination Period
- 30 Day Elimination Period

Cost per pay period \$ \_\_\_\_\_ (see reverse side of this page for calculation instructions)

LTD:  60% of your monthly salary to a maximum monthly benefit of \$7,500

Cost per pay period \$ \_\_\_\_\_ (see reverse side of this page for calculation instructions)

***\*For rates, please refer to the rating grid on the reverse side of this page.***

**Yes, I would like to participate in the plan(s) I checked above.** I authorize my employer to deduct from my salary or wages the necessary premium for this coverage. My signature verifies the accuracy of information contained on this form. I understand that my premium is based on my current salary and will increase as my salary increases. I understand a confirmation of coverage statement will be provided to me prior to the policy effective date and that I may obtain the Plan Certificate at any time on [www.mtabenefits.com](http://www.mtabenefits.com) under Disability Insurance.

I understand the effective date of my coverage will be delayed if I am not in active employment because of an injury, sickness, temporary lay-off or leave of absence on the date this insurance would otherwise become effective. **I have also read and understand the information in the Enrollment Kit, including all statements regarding exclusions.**

**Yes, I am interested, please have an MTA Benefits representative contact me at \_\_\_\_\_ (Phone#).**

Member Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

**Return this form using the enclosed envelope or mail to:  
MTA Disability, c/o Vista Financial Group, P.O. Box 447, Grafton, MA 01519  
1.877.401.4083  
mta@vistafg.com  
~ OR ~  
Fax to 1.850.521.0111**

Age Band*	Enhanced STD Rate – 14 Day Elimination	Standard STD Rate – 30 Day Elimination	LTD Rate
< 25	\$0.88	\$0.58	\$0.33
25 – 29	\$0.91	\$0.60	\$0.36
30 – 34	\$0.94	\$0.62	\$0.40
35 – 39	\$1.06	\$0.70	\$0.51
40 – 44	\$1.36	\$0.90	\$0.66
45 – 49	\$1.62	\$1.07	\$0.88
50 – 54	\$1.86	\$1.23	\$1.27
55 – 59	\$2.55	\$1.68	\$1.51
60 – 64	\$3.23	\$2.14	\$1.65
65 – 69	\$3.70	\$2.45	\$1.85
70+	\$3.70	\$2.45	\$2.61

*\*Your age as of the next July 1<sup>st</sup>*

**To calculate your per-paycheck cost for the STD coverage, first choose your elimination period to determine your rate. Then complete the calculation below:**

Annual Salary \_\_\_\_\_ ÷ 52 = Weekly Salary \$ \_\_\_\_\_ x 60 % = \$ \_\_\_\_\_ Weekly Benefit

Weekly Benefit \$ \_\_\_\_\_ ÷ 10 = \$ \_\_\_\_\_ x Rate \_\_\_\_\_ = \$ \_\_\_\_\_ Monthly Cost

Monthly Cost \$ \_\_\_\_\_ x 12 = Annual Cost \$ \_\_\_\_\_ ÷ \_\_\_\_\_ # of Paycycles = \_\_\_\_\_ Cost Per Pay Period\*\*

**To calculate your per-paycheck cost for the LTD coverage, complete the calculation below:**

Annual Salary \_\_\_\_\_ ÷ 100 = \_\_\_\_\_ x \_\_\_\_\_ (Rate) = Your Annual Cost (\$) \_\_\_\_\_

Your Annual Cost (\$) \_\_\_\_\_ ÷ \_\_\_\_\_ (# of Paycycles per Year) = (\$) \_\_\_\_\_ Cost Per Pay Period \*\*

***For example, if you are age 45, earn \$45,000 annually, and are paid in 26 paycycles per year, your calculation would be as follows:***

**STD:** \$45,000 (Annual Salary) ÷ 52 = 865.38 x 60% = \$519.23 Your Weekly Benefit  
 \$519.23 (Your Weekly Benefit) ÷ 10 = \$51.92 x 1.07 (Rate) = \$55.55 Monthly Cost  
 \$55.55 (Monthly Cost) x 12 = \$666.60 (Annual Cost) ÷ 26 (# of Paycycles) = \$25.64 Per Pay Period\*\*

**LTD:** \$45,000 (Annual Salary) ÷ 100 = 450 x .88 (Rate) = \$396.00 (Your Annual Cost)  
 \$396.00 ÷ 26 (# of Paycycles Per Year) = \$15.23 Per Pay Period\*\*

**\*\* Final cost may vary slightly due to rounding differences. Your premium is based on your current salary and will increase as your salary increases.**